FRESNO/KINGS/MADERA
EMERGENCY MEDICAL SERVICES

DEPARTMENT OF COMMUNITY HEALTH
POLICIES AND PROCEDURES

Manual Emergency Medical Services Administrative Policies and Procedures	Policy Number 812 Page 1 of 13
Subject First Responder Prehospital Care Report - BLS	
References	Effective 09/16/98

I. POLICY

A. Prehospital Care Reports shall be filled out completely, accurately, and legibly.

B. A Prehospital Care Report shall be completed for every patient contact.

II. PROCEDURE

A. Initiation of Prehospital Care Report (PCR) (First Responder)

1. A First Responder Prehospital Care Report (PCR) will be initiated for each patient contact in which ALS is not already on scene.

2. If the patient refuses assessment, initiate a First Responder PCR and fill out whatever is possible, including which part of the assessment was refused. Refer to EMS Policies #546 and #814.

3. In a multi-casualty incident (MCI), every person who has signs and/or symptoms or complaint of illness or injury shall have a patient assessment and a Triage Tag. If time and staffing allows in a small incident, a First Responder PCR should be initiated.

4. Any patient who walks into a station of an ambulance or fire department manned by EMS personnel and is assessed and/or provided treatment, shall receive a complete patient assessment and shall be reported on a First Responder PCR. (The only exception to this is patients who fit into specific EMS Agency approved programs, i.e., blood pressure testing programs. In those cases, the First Responder must follow the appropriate EMS policies related to this program.)

Approved By EMS Division Manager	Revision 01/01/2001
EMS Medical Director	

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5. The PCR shall be utilized to document the circumstances related to a deceased patient (no resuscitation attempt). Documentation shall minimally include the following:

   a. All times of arriving units.

   b. Circumstances under which the victim was found and by whom.

   c. Historical or physical findings which prompted no resuscitation efforts.

   d. The patient's past medical history (if available), including any recent complaints which may be related to the death.

   e. The agency to whom the victim was turned over.

   The original section of the form (top, white copy) shall remain with the patient for the Coroner or patient's family if no Coroner is responding.

B. Responsibility for Form Completion

1. The PCR will be initiated by the first arriving first responder unit and should be completed prior to the transport of the patient.

2. Distribution of the PCR is as follows:

Top (original) Copy:	Given to transport unit which will remain with patient as a part of the hospital medical records.
Pink (second) Copy:	Given to transport unit which will remain with patient as a part of the PLN's records.
Blue (third) Copy:	Retained by first responder agency.
Hard Copy/Scantron:	Forwarded to EMS Agency.

3. In the event that the ambulance transport unit is cancelled prior to arriving on scene, the first responder agency shall give the original copy to the patient. If patient is deceased (11-44), the first responder will give the original to the coroner, law enforcement, or family.

C. Instructions for Completion of the PCR (front portion) - The following instructions constitute the minimum information which shall be included on the PCR (see attached samples). The form should be completed in <u>black</u> ink with a hard point pen. If changes are made to written documentation, strike out the text by drawing a <u>single</u> line through the text, and record the time, date and initial the strikeout. If possible, avoid adding additional information to the PCR once the top white copy has been removed for the patient's chart.

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1. Response Information (Fig. 1)

Date _____
EMS #: _____
Fire Incident # _____

Patient Name:	Gender: ☐ Male ☐ Female	Age: ☐ Years ☐ Months ☐ Days	Unit:
Patient Address:			Arrive:
Location of Incident:	DOB:	Weight:	Pt. Contact:

(Fig. 1)

a. Date - The date shall be included on all reports.

b. EMS Dispatch Number - Enter the EMS dispatch number on this line assigned by the County designated EMS communications center. Madera County shall use the assigned MAS, SAS, PAS number.

(1) If the ambulance is cancelled prior to its arrival, the first responder unit may obtain the EMS dispatch number by having their dispatch center contact the County designated EMS communications center, if necessary.

(2) If a first responder transport capable vehicle transports a patient, the unit should contact the County designated EMS communications center as it leaves the scene so that times can be recorded and an EMS dispatch number can be issued.

c. Fire Agency Incident Number - This space is provided to document the fire agency's incident number. This is not a substitute for the EMS dispatch number.

d. Unit Information - Unit identification, i.e., Fresno County units: E-11, E-33, B501: Kings County units: E-1 or Madera County units: E-12.

(1) If law enforcement is involved in patient care, note the agency involved under BLS unit - e.g., "E-2/F.P.D".

(2) All response times related to the first responder shall be documented, i.e.: Arrived at scene time.

(3) Patient Contact Time - Enter the time of which the first EMS person arrived at the patient's side. This time will be obtained from the EMS person's watch which should be synchronized with the Pac Bell (767-8900) clock at the start of their shift.

2. Patient Information Profile (Fig. 1)

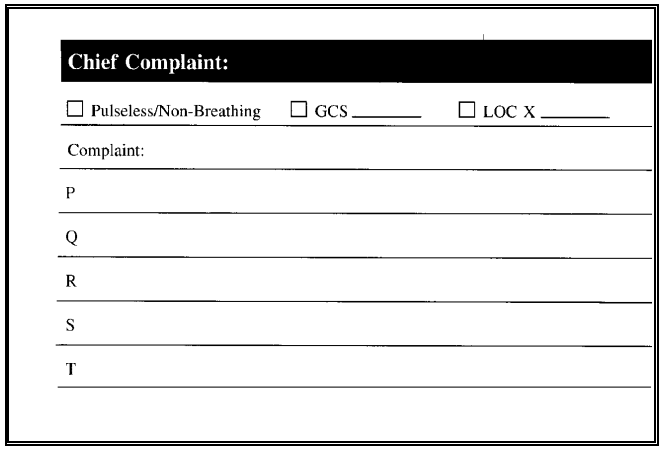
a. All available patient information shall be documented including name, address and date of birth. The address shall be the patient's home address, including the city. If not attainable, indicate by writing "unknown".

b. The patient's age shall be entered (approximate, if necessary). Check the appropriate box indicating the age is months or years.

c. The appropriate information shall be entered in the boxes labeled "Gender", "Weight."

d. The location of the incident shall be documented by address or by cross streets.

3. Chief Complaint (Fig. 2)



(Fig. 2)

a. The patient's chief complaint shall be entered. This may be a brief or relatively detailed entry depending upon the patient's problem. The chief complaint should be at least a one sentence description of the patient's major problem. Information on mechanism of injury may be included in this section. For pulseless, non-breathing patients, patients who have had loss of consciousness or decreased GCS, use the appropriate check box.

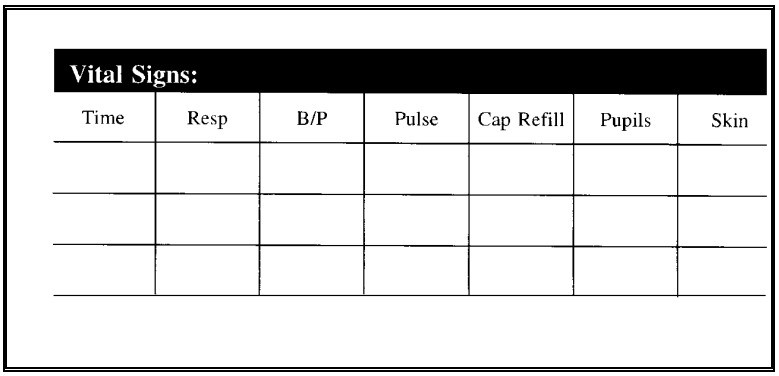
NOTE: A single entry of MVA, fall, illness, etc. are not to be used solely as a patient's chief complaint. A chief complaint shall briefly describe the signs and symptoms related to the patient complaint (i.e., "gunshot wound to the chest," "abdominal pain and vomiting", etc.).

b. The PQRST mnemonic is provided for use for patients with complaints of chest pain/abdominal pain. An explanation of this mnemonic and others are found on the backside of the blue copy of the PCR.

c. <u>This section shall also be utilized to document any unusual occurrences which caused a delay in response time, making patient contact, initiating care, or initiating transport.</u>

EXAMPLES: Fog; scene not secure (include length of time held back); patient located on 6th floor; extrication time of ___ minutes; patient located in field __ feet/yards from roadway; etc....

4. Vital Signs (Fig. 3)



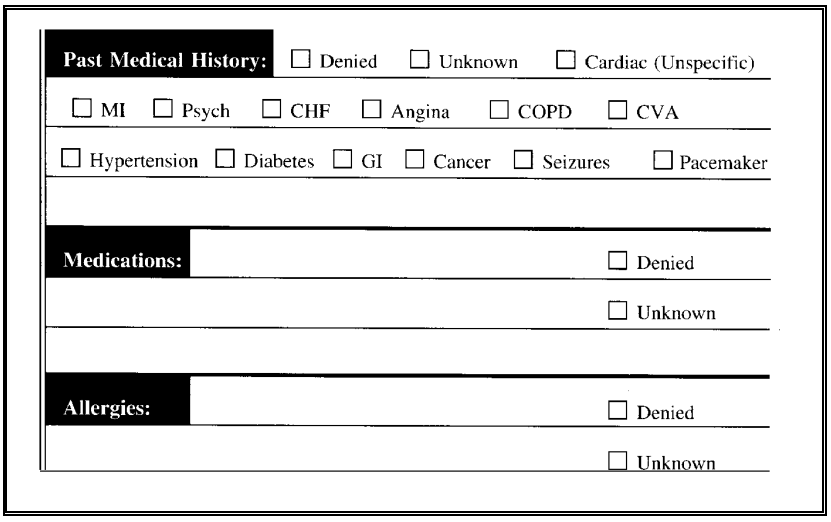
(Fig. 3)

Vital signs shall be documented on the PCR for every patient assessed.

a. The time, respiratory rate, blood pressure, pulse rate, cap refill, pupils and skin signs shall be documented in the spaces provided.

b. Vital signs shall be repeated every 5 minutes for STAT patients and every 15 minutes for non-STAT patients.

5. Past Medical History (Fig. 4)



(Fig. 4)

a. Past Medical History - The patient's past medical history shall be recorded in this area. Check the appropriate box or write in the patient's past medical history. If the patient has no significant past medical history or if the information is not available, check the appropriate box ("Denied" or "Unknown"). Additionally, if known, document the patient's private physician's name in the lower portion of this area.

NOTE: Sections 199.20 and 199.21 of the California Health and Safety Code prohibits

the disclosure of HIV test results to any third party, except pursuant to a written authorization, in a manner which identifies the person to whom the test results apply. The results of HIV testing shall not be recorded on the PCR. A diagnosis of AIDS or ARC may be kept as part of the current medical record, documented on the patient's PCR, and may be reported during a call-in to the Base Hospital and/or during the turn-over of patient responsibility to another health care provider. Patient confidentiality shall be practiced when making verbal reports for all patients.

b. Medications - Medications that have been prescribed for the patient by a physician shall be documented in this area. If the patient states that they are taking no medication or if the information is not available, check the appropriate box ("Denied" or "Unknown").

c. Allergies - Allergies that the patient has to medications shall be documented in this area. If the patient states that they have no allergies to medications or if the information is not available, check the appropriate box ("Denied" or "Unknown").

6. Physical Exam (Fig. 5)

Physical:	WNL	ABN
Head	☐	
Neck	☐	
Back	☐	
Chest	☐	
Abdomen	☐	
Pelvis	☐	
Extremities	☐	
Neuro	☐	

(Fig. 5)

a. List abnormal findings (ABN) in the appropriate lines. If the physical exam is found to be "within normal limits", check the appropriate box(es) indicating such. If no documentation is made in this area, it is assumed that no physical exam was performed.

7. Cardiac Arrest Information (Fig. 6)

Cardiac Arrest Information

Witnessed: ☐ Public ☐ Police ☐ Rescuer ☐ None

CPR Started: ☐ Public ☐ Police ☐ Rescuer ☐ None

Down Time to CPR: _____ CPR Started: _____

(Fig. 6)

a. Check the appropriate box indicating who witnessed or heard the arrest and who started CPR. Enter the time CPR was started and document the down time in this area. If the down time is unknown, document as such (e.g. Unk).

8. Treatment Defibrillation (Fig. 7)

Treatment Defibrillation

Time	S	N/S	W/S	Pulse	CPR	Init
			200 360	Y N	1 Min.	
	☐	☐	☐ ☐	☐ ☐	☐	
	☐	☐	☐ ☐	☐ ☐	☐	
	☐	☐	☐ ☐	☐ ☐	☐	
	☐	☐	☐ ☐	☐ ☐	☐	
	☐	☐	☐ ☐	☐ ☐	☐	
	☐	☐	☐ ☐	☐ ☐	☐	
	☐	☐	☐ ☐	☐ ☐	☐	
	☐	☐	☐ ☐	☐ ☐	☐	

(Fig. 7)

a. Document the time the AED is initially applied. Using the check boxes, document whether you had a shock (S), a no shock (N/S), the watt seconds (W/S), either 200/360 if not using a biphasic defibrillator (e.g., Kings and Madera Counties), CPR if performed for one minute, and response to therapy of pulse - Yes (Y) or No (N). The initials should be of the person who actually operated the defibrillator. Each analysis should be shown on a separate line with the appropriate time.

***NOTE:** If long on-scene times require more than 8 analysis, you will need to start a second PCR for more treatment room. Make sure you make reference in the Chief Complaint box to the second PCR, including PCR number. The second PCR should have reference to the first also.

9. Patient Outcome (Fig. 8)

Patient Outcome ☐ RAS ☐ 1144

☐ Patient Refused Evaluation ☐ Code Called At Scene

(Fig. 8)

a. Release at Scene (RAS) - This check box will be utilized when a first responder releases at scene a patient prior to ALS arrival. The patient is still required to sign the RAS form and should be given the original copy of both the RAS form and the PCR. Refer to EMS Policy #814.

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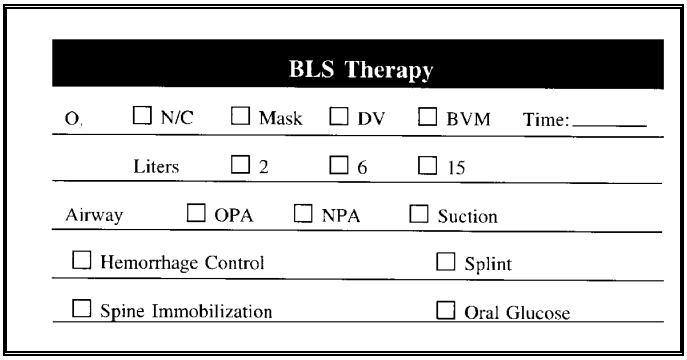
b. 1144 - 1144 check box will be utilized when you arrive on scene of a patient where no resuscitative measures are being started. Refer to EMS Policies #549 and 550.

c. Patient Refused Evaluation - This box is utilized when you have attempted to assess a patient but they are refusing. Every attempt should be made to get at least some information on the PCR.

d. Code Called at Scene - This box is utilized when a cardiac arrest has been called at the scene by first responders.

10. BLS Therapy (Fig. 9)



(Fig. 9)

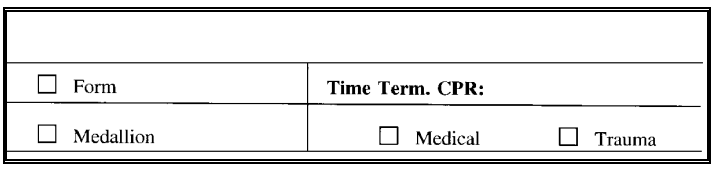
a. All "Basic Life Support" care performed shall be documented in this area. This includes such care as spine immobilization (check box) and oral glucose (check box), etc.

b. Airway/Oxygen

(1) Document the liters/min. in the appropriate box, as well as the route of administration (nasal cannula - N/C), mask, demand valve (DV), bag-valve-mask (BVM), and the time applied. If you start out on one rate of flow and need to adjust to a different rate, check the appropriate box and write the time you changed next to the check box.

(2) Basic Airway - If the patient required an oral or nasal airway, or if the patient required suctioning, document by checking the appropriate box(es).

11. Do-Not-Resuscitate (DNR) (Fig. 10)



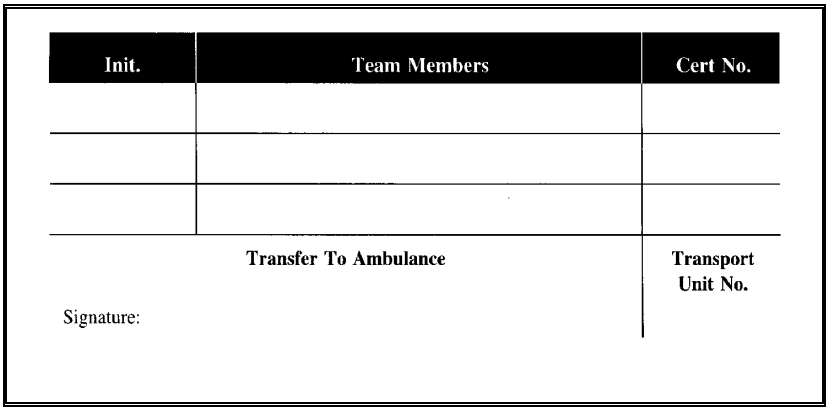
(Fig. 10)

This box is utilized when a DNR order (consisting of either the appropriate DNR form or a Medic Alert medallion) is honored on scene. Check the appropriate box for which type of order was utilized. Refer to EMS Policy #564.

12. Time Term. CPR (Fig. 10)

These check boxes pertain to cardiac arrest situations where resuscitative measures were started and terminated by first responders prior to ALS arrival utilizing either the medical or trauma termination of CPR policy. The time CPR is terminated will be documented. Please refer to EMS Policies #549 and #550.

13. Transfer Section (Fig. 11)



(Fig. 11)

a. Team Members - All names and certification numbers for the first responder personnel involved in the call shall be documented on the PCR. Each individual should initial the form so that an example is available for identifying initials in the Treatment Section.

b. Transfer to Ambulance - This section documents the transfer of patient care responsibilities between first responder personnel and the transporting agency. It also will be used to turn over responsibility to coroner/law enforcement for scenes with deceased patients. The form should be signed by the receiving agency (ALS or coroner/law enforcement).

D. Patient Data Report (Scantron Form)

1. Instructions for Completion

The reverse of the hard copy of the PCR is the data report/scantron form. This form must be filled out on all prehospital response calls, including non-transport responses and cancelled calls. This form will be completed after the call is completed. The hard copy of the PCR needs to be detached after the front of the PCR has been completed and before the scantron is filled out. A black felt tip pen or number 2 pencil is to be used to fill out this portion of the PCR. All appropriate areas must be completed before submitting to the EMS Agency. The scantron section should reflect documentation and times from the front portion of the PCR.

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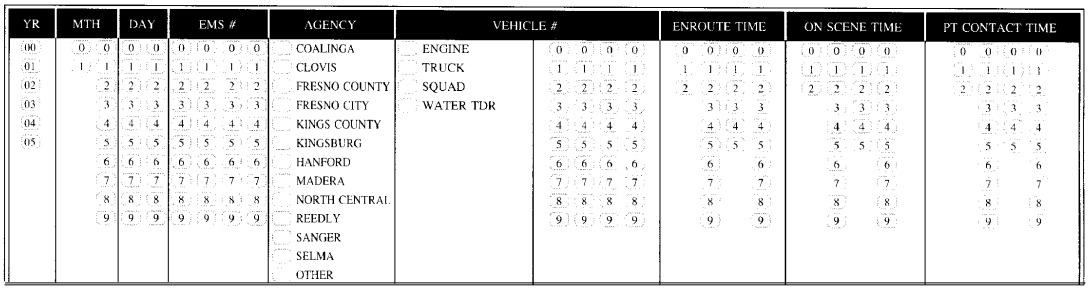


YR	MTH	DAY	EMS #	AGENCY	VEHICLE #		ENROUTE TIME	ON SCENE TIME	PT CONTACT TIME
00	0 0	0 0	0 0 0 0	COALINGA	ENGINE	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0
01	1 1	1 1	1 1 1 1	CLOVIS	TRUCK	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1
02	2 2	2 2	2 2 2 2	FRESNO COUNTY	SQUAD	2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2
03	3 3	3 3	3 3 3 3	FRESNO CITY	WATER TDR	3 3 3 3	3 3 3	3 3 3	3 3 3
04	4 4	4 4	4 4 4 4	KINGS COUNTY		4 4 4 4	4 4 4	4 4 4	4 4 4
05	5 5	5 5	5 5 5 5	KINGSBURG		5 5 5 5	5 5 5	5 5 5	5 5 5
	6 6	6 6	6 6 6 6	HANFORD		6 6 6 6	6 6	6 6	6 6
	7 7	7 7	7 7 7 7	MADERA		7 7 7 7	7 7	7 7	7 7
	8 8	8 8	8 8 8 8	NORTH CENTRAL		8 8 8 8	8 8	8 8	8 8
	9 9	9 9	9 9 9 9	REEDLY		9 9 9 9	9 9	9 9	9 9
				SANGER					
				SELMA					
				OTHER					

a. Date - Complete the year, month, and day (use two digits for the month and day). Example: July 1, 2000 is entered as 00 07 01.

b. EMS # - Enter the EMS number from the County designated EMS Communications Center. In Madera County, this should be the MAS, PAS, or SAS number.

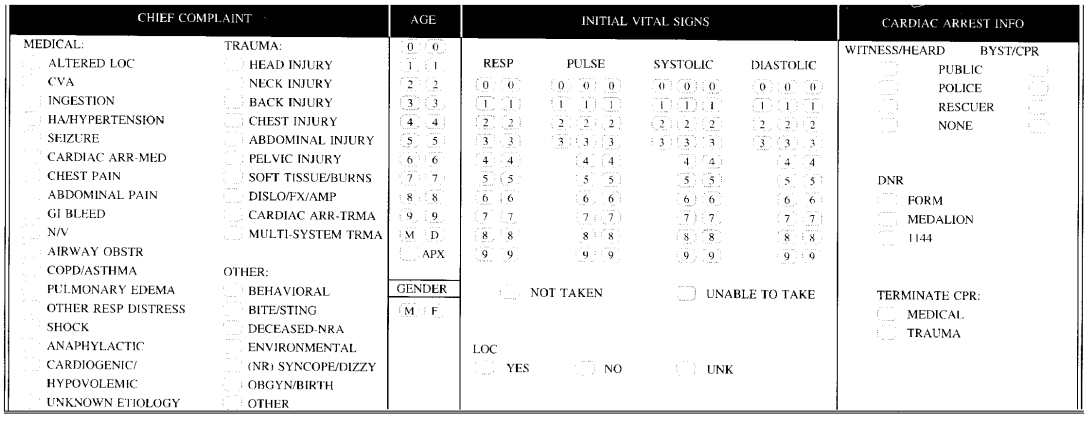
c. Agency - Mark the agency you represent.

d. Vehicle # - Mark the correct vehicle identifier and number. For example: Engine 88, Engine 4275, or Squad 16.

e. Enroute Time - Enter the 4-digit entry for military time for the time the first response vehicle went enroute to this incident.

f. On Scene Time - Enter the 4-digit entry for military time for the time the first response vehicle arrived on scene.

g. Pt Contact Time - Enter the 4-digit entry for military time for the time the first response personnel arrived at the patients side.



CHIEF COMPLAINT		AGE	INITIAL VITAL SIGNS				CARDIAC ARREST INFO
MEDICAL:	TRAUMA:	0 0	RESP	PULSE	SYSTOLIC	DIASTOLIC	WITNESS/HEARD BYST/CPR
ALTERED LOC	HEAD INJURY	1 1	0 0	0 0 0	0 0 0	0 0 0	PUBLIC
CVA	NECK INJURY	2 2	1 1	1 1 1	1 1 1	1 1 1	POLICE
INGESTION	BACK INJURY	3 3	2 2	2 2 2	2 2 2	2 2 2	RESCUER
HA/HYPERTENSION	CHEST INJURY	4 4	3 3	3 3 3	3 3 3	3 3 3	NONE
SEIZURE	ABDOMINAL INJURY	5 5	4 4	4 4	4 4	4 4	
CARDIAC ARR-MED	PELVIC INJURY	6 6	5 5	5 5	5 5	5 5	DNR
CHEST PAIN	SOFT TISSUE/BURNS	7 7	6 6	6 6	6 6	6 6	FORM
ABDOMINAL PAIN	DISLO/FX/AMP	8 8	7 7	7 7	7 7	7 7	MEDALION
GI BLEED	CARDIAC ARR-TRMA	9 9	8 8	8 8	8 8	8 8	1144
N/V	MULTI-SYSTEM TRMA	M D	9 9	9 9	9 9	9 9	
AIRWAY OBSTR		APX					
COPD/ASTHMA	OTHER:	GENDER	NOT TAKEN		UNABLE TO TAKE		TERMINATE CPR:
PULMONARY EDEMA	BEHAVIORAL	M F					MEDICAL
OTHER RESP DISTRESS	BITE/STING						TRAUMA
SHOCK	DECEASED-NRA						
ANAPHYLACTIC	ENVIRONMENTAL		LOC				
CARDIOGENIC/	(NR) SYNCOPE/DIZZY		YES	NO	UNK		
HYPOVOLEMIC	OBGYN/BIRTH						
UNKNOWN ETIOLOGY	OTHER						

h. Chief Complaint - Mark the most appropriate condition which describes the patients primary complaint.

i. Age - Enter the patients age. If the patient is a child less than one year of age, mark “M” for months or “D” for days. If the exact age is unknown and the age is an approximate age, mark “APX”.

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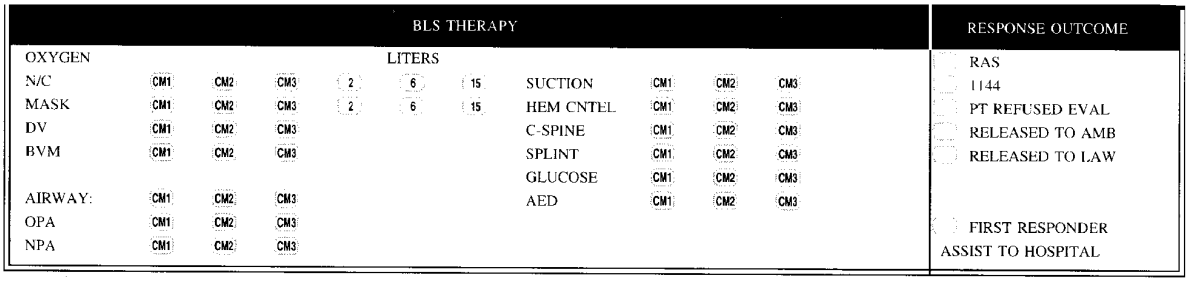
j. Initial Vital Signs - Enter the patient's initial vital signs. If not taken or unable to take, mark the appropriate bubble.

k. LOC - Mark whether patient had a loss of consciousness. If unknown, mark "UNK."

l. Cardiac Arrest Information - For cardiac arrest patients, mark who witnessed/heard the arrest, and who performed bystander CPR. Mark "none" if not performed. If CPR was not started, mark whether a DNR Form or medallion was presented or if the patient was dead on scene (1144). If CPR is terminated, mark whether it was a medical or trauma code.



m. BLS Treatment - May have multiple entries. Mark all BLS treatment given to the patient. Enter the appropriate crew member who administered the treatment. The crew member number should be the same as the front page of the PCR.

n. Response Outcome - Mark the outcome of the dispatched response and whether or not the first responder assisted in the ambulance to the hospital.

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FRESNO/ KINGS/ MADERA
EMERGENCY MEDICAL SERVICES

FIRST RESPONDER PREHOSPITAL CARE REPORT

Date _____
EMS #: _____
Fire Incident # _____

Patient Name:	Gender: ☐ Male ☐ Female	Age: ☐ Years ☐ Months ☐ Days	Unit:
Patient Address:			Arrive:
Location of Incident:	DOB:	Weight:	Pt. Contact:

Chief Complaint:

☐ Pulseless/Non-Breathing ☐ GCS _____ ☐ LOC X _____

Complaint:

P

Q

R

S

T

Vital Signs:

Time	Resp	B/P	Pulse	Cap Refill	Pupils	Skin

Past Medical History: ☐ Denied ☐ Unknown ☐ Cardiac (Unspecific)

☐ MI ☐ Psych ☐ CHF ☐ Angina ☐ COPD ☐ CVA

☐ Hypertension ☐ Diabetes ☐ GI ☐ Cancer ☐ Seizures ☐ Pacemaker

Medications: ☐ Denied ☐ Unknown

Allergies: ☐ Denied ☐ Unknown

Physical:	WNL	ABN
Head	☐	
Neck	☐	
Back	☐	
Chest	☐	
Abdomen	☐	
Pelvis	☐	
Extremities	☐	
Neuro	☐	

Cardiac Arrest Information

Witnessed: ☐ Public ☐ Police ☐ Rescuer ☐ None

CPR Started: ☐ Public ☐ Police ☐ Rescuer ☐ None

Down Time to CPR: _____ CPR Started: _____

Treatment Defibrillation

Time	S	N/S	W/S 200 360	Pulse Y N	CPR 1 Min.	Init
	☐	☐	☐ ☐	☐ ☐	☐	
	☐	☐	☐ ☐	☐ ☐	☐	
	☐	☐	☐ ☐	☐ ☐	☐	
	☐	☐	☐ ☐	☐ ☐	☐	
	☐	☐	☐ ☐	☐ ☐	☐	
	☐	☐	☐ ☐	☐ ☐	☐	
	☐	☐	☐ ☐	☐ ☐	☐	
	☐	☐	☐ ☐	☐ ☐	☐	

Patient Outcome ☐ RAS ☐ 1144

☐ Patient Refused Evaluation ☐ Code Called At Scene

BLS Therapy

O_2 ☐ N/C ☐ Mask ☐ DV ☐ BVM Time: _____

Liters ☐ 2 ☐ 6 ☐ 15

Airway ☐ OPA ☐ NPA ☐ Suction

☐ Hemorrhage Control ☐ Splint

☐ Spine Immobilization ☐ Oral Glucose

DNR: ☐ Form ☐ Medallion

Time Term. CPR: ☐ Medical ☐ Trauma

Init.	Team Members	Cert No.

Transfer To Ambulance

Signature:

Transport Unit No.

PATIENT COPY

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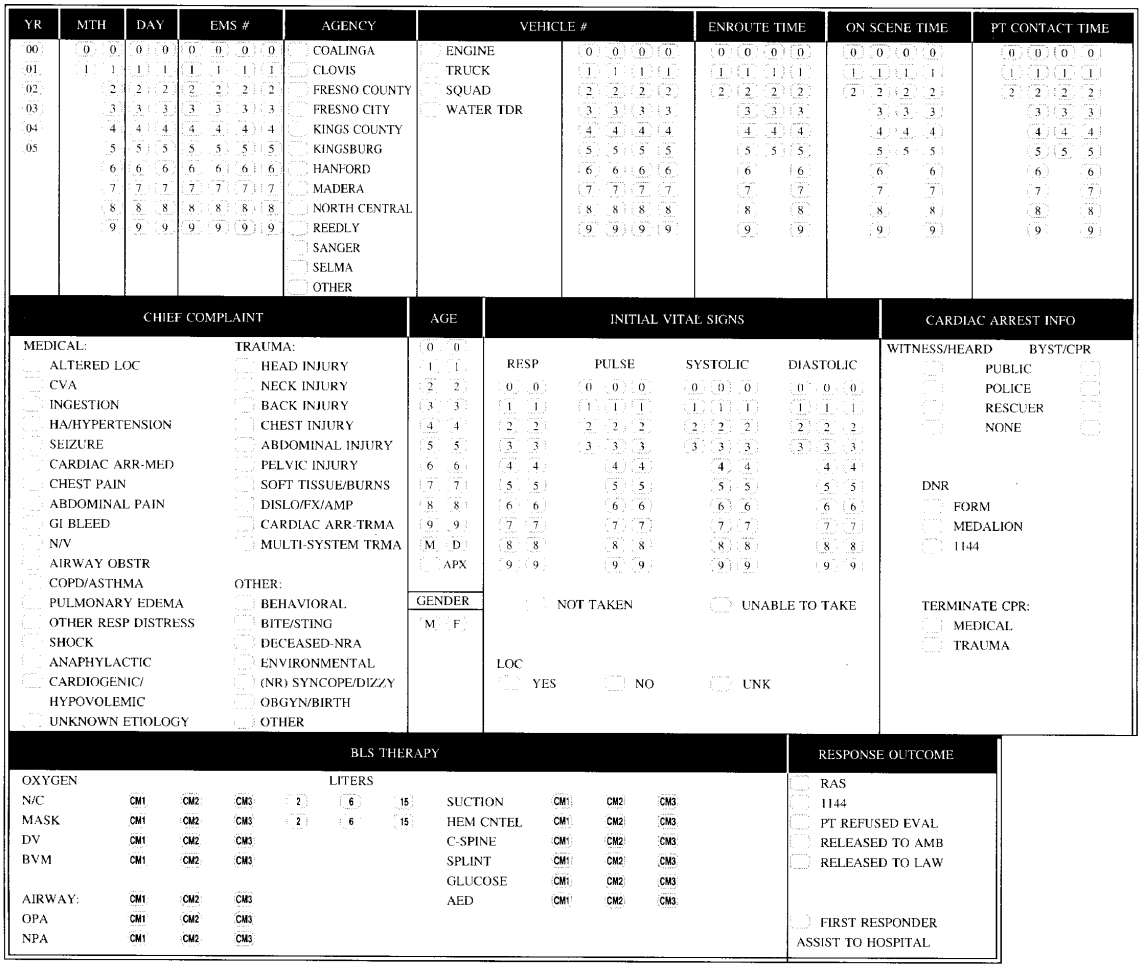

YR: 00 01 02 03 04 05

MTH: 0 1 2 3 4 5 6 7 8 9

DAY: 0 1 2 3 4 5 6 7 8 9

EMS #: 0 1 2 3 4 5 6 7 8 9

AGENCY
- COALINGA
- CLOVIS
- FRESNO COUNTY
- FRESNO CITY
- KINGS COUNTY
- KINGSBURG
- HANFORD
- MADERA
- NORTH CENTRAL
- REEDLY
- SANGER
- SELMA
- OTHER

VEHICLE #
- ENGINE
- TRUCK
- SQUAD
- WATER TDR

ENROUTE TIME: 0 1 2 3 4 5 6 7 8 9

ON SCENE TIME: 0 1 2 3 4 5 6 7 8 9

PT CONTACT TIME: 0 1 2 3 4 5 6 7 8 9

CHIEF COMPLAINT

MEDICAL:
- ALTERED LOC
- CVA
- INGESTION
- HA/HYPERTENSION
- SEIZURE
- CARDIAC ARR-MED
- CHEST PAIN
- ABDOMINAL PAIN
- GI BLEED
- N/V
- AIRWAY OBSTR
- COPD/ASTHMA
- PULMONARY EDEMA
- OTHER RESP DISTRESS
- SHOCK
- ANAPHYLACTIC
- CARDIOGENIC/
- HYPOVOLEMIC
- UNKNOWN ETIOLOGY

TRAUMA:
- HEAD INJURY
- NECK INJURY
- BACK INJURY
- CHEST INJURY
- ABDOMINAL INJURY
- PELVIC INJURY
- SOFT TISSUE/BURNS
- DISLO/FX/AMP
- CARDIAC ARR-TRMA
- MULTI-SYSTEM TRMA

OTHER:
- BEHAVIORAL
- BITE/STING
- DECEASED-NRA
- ENVIRONMENTAL
- (NR) SYNCOPE/DIZZY
- OBGYN/BIRTH
- OTHER

AGE: 0 1 2 3 4 5 6 7 8 M D APX 9

GENDER: M F

INITIAL VITAL SIGNS

RESP	PULSE	SYSTOLIC	DIASTOLIC
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

- NOT TAKEN
- UNABLE TO TAKE

LOC
- YES
- NO
- UNK

CARDIAC ARREST INFO

WITNESS/HEARD
- PUBLIC
- POLICE
- RESCUER
- NONE

BYST/CPR

DNR
- FORM
- MEDALION
- 1144

TERMINATE CPR:
- MEDICAL
- TRAUMA

BLS THERAPY

OXYGEN — LITERS: 2 6 15

N/C	CM1	CM2	CM3
MASK	CM1	CM2	CM3
DV	CM1	CM2	CM3
BVM	CM1	CM2	CM3
AIRWAY:	CM1	CM2	CM3
OPA	CM1	CM2	CM3
NPA	CM1	CM2	CM3

SUCTION	CM1	CM2	CM3
HEM CNTEL	CM1	CM2	CM3
C-SPINE	CM1	CM2	CM3
SPLINT	CM1	CM2	CM3
GLUCOSE	CM1	CM2	CM3
AED	CM1	CM2	CM3

RESPONSE OUTCOME
- RAS
- 1144
- PT REFUSED EVAL
- RELEASED TO AMB
- RELEASED TO LAW
- FIRST RESPONDER ASSIST TO HOSPITAL